**Meeting Summary**

**eHealth Technical Advisory Committee**
**February 16, 2010 12:00-1:30PM**

In response to recent email discussions, the TAC co-chairs felt that it would be beneficial to ensure that members of TAC were all of the same understanding with regard to the current scope of work as well as the definition of certain important terms.

Scope of Work:

The scope of work for the California eHealth Initiative for HIE was discussed. Wayne Sass explained that based on a certain email exchange, it had become apparent that some individuals in the TWG might believe that the project scope is simply to connect the existing HIOs within the state. The question was posed to the group whether anyone in TAC agreed with this. The following points were made by various participants:

- It will be important to fill in the "white space" within the state where there are no HIE services available, e.g. in rural areas.
- The HIE infrastructure should support connectivity not only to HIOs, but also to enterprises and individual providers, as proposed in the draft technical architecture document.
- Value-added services to support the sustainability of the technical architecture should be planned for on a prioritized roadmap, and offered as soon as possible. This will not only contribute to sustainability, but will also encourage adoption.

Following this discussion, the group reached consensus on the following statement:

**The scope of work of the California ehealth initiative for HIE is not confined to connecting existing HIOs within the state, but also includes value-added services to support the sustainability of the HIE infrastructure. The technical architecture will incorporate as many of these additional services as possible, as soon as possible, according to a prioritized roadmap determined by the committee.**

The meeting then moved on to address the meaning of "existing infrastructure" and "leverage" in the context of the phrase "leverage existing HIE infrastructure".

Definition of "Existing Infrastructure":

Wayne noted that some recent email communication had suggested that people may have different understandings of what "existing infrastructure" includes. Laura Landry added that coming to agreement on what is meant by "existing infrastructure" will help in the prioritization of services to be included in the technical architecture.refers only to the existing community HIOs in the state.

One possibility is that "existing infrastructure" refers only to the existing HIOs in the state. A second possibility is that this encompasses all infrastructure in the state that can contribute to HIE, including:

- Community HIOs, e.g., Redwood Mednet, EKCITA, etc.
- Private HIE infrastructure, e.g., Kaiser, John Muir, Sutter, Brown & Toland, Nautilus, etc.
- Vendor-based infrastructure, e.g., Surescripts, Quest and LabCorp hubs, etc.
- Public infrastructure, e.g., immunization registries, electronic lab reporting, Medi-Cal information exchange initiatives, etc.
- Health plan infrastructure, e.g., administrative claims data

Note that the above are meant to be examples rather than an exhaustive list.

The following points were made by meeting participants with respect to the definition of "existing infrastructure":

- The draft architecture document encapsulates the second understanding of "existing infrastructure."
- The principles in the technical committee charter are consistent with the second understanding of "existing infrastructure."
- Language should be included that explains the rationale behind an expanded definition of "existing infrastructure," i.e., it would be wasteful and counterproductive not to include all existing infrastructure in the state to enable HIE.
- In defining "existing infrastructure," there should not be the expectation that what is built must be constrained by what already exists.

In addition, Lucia Savage and Jeff Guterman suggested that individuals outside TAC with disagreements be asked which of the principles set forth in the charter they find objectionable so that the committee could better address these concerns.

The group came to consensus on the definition of "existing infrastructure" being the following:

**Existing infrastructure is any infrastructure that exists for HIE within the state, including but not limited to community HIOs, private HIE infrastructure, vendor-based infrastructure, public HIE infrastructure, and health plan HIE infrastructure.**

Lucia Savage agreed to craft exact language incorporating these concepts and the rationale behind an expanded definition of "existing infrastructure," and to circulate this language among members of the group for comment.

<u>Definition of "Leverage":</u>

Wayne Sass and Laura Landry then asked the group to consider the meaning of "leverage," i.e., how the California eHealth initiative will enable statewide HIE given the existing infrastructure for HIE in the state as well as the substantial gaps ("white space") in HIE coverage. Three options were discussed and refined by the group:

1. We are going to (a) use state funds to expand or (b) allow the expansion of existing infrastructure for HIE (community and private) and (c) build services in the State not already being operated.
2. We are (a) not going to use state funds to expand existing HIE infrastructure, (b) going to keep the existing infrastructure for HIE place, and (c) provide HIE services from the State to any areas that don't already have them.
3. We are going to (a) use state funds to expand certain existing infrastructure for HIE, (b) keep any existing infrastructure for HIE, (c) allow the expansion of any existing infrastructure for HIE, and (d) provide HIE services from the state to any areas that don't already have them. *Note that this is meant to be an intermediate "hybrid" position between 1 and 2.*

The following points of discussion were made by participants:

- Lucia Savage suggested that the right strategy would be influenced by the demand for services and ability to pay for those services.
- Should the state create an HIO that can provide HIE services to those not serviced by existing HIOs?
- Kim Ortiz stated that priority should be placed on expanding HIE services that will be required for meeting meaningful use goals.
- Walter illustrated that the current landscape in a typical community consists of multiple health care organizations, both private and public, that have infrastructure in place that allows them to exchange information within the organization but not between organizations. The question of leveraging existing infrastructure is whether this means directly investing in the expansion of the capabilities of these organizations, or taking some other strategy to achieve interoperability.
- Wayne Sass asked Jonah Frolich whether it would be politically feasible for public funds to be applied to private entities (Option 1). Jonah replied that this in fact was the nature of how much of the stimulus funding as well as meaningful use funding would be applied. John Mattison stated that Kaiser Permanente would never seek or accept public funds for the expansion of internal services. Acceptance of public monies for an HIE project would be contingent on meeting two criteria: (1) the project involves HIE with external entities, and (2) there is a clear benefit for entities outside the organization receiving the funds.
- Ray Otake voiced the concern that the first option would potentially leave out the uninsured, given that there would not be the incentive for private entities to extend HIE services to the uninsured. Additionally, the focus on leverage should be de-emphasized in favor of connectivity and interoperability. Wayne clarified that the meaning of "leverage" does in fact encompass the goal of connecting entities, as opposed to creating an entirely duplicative infrastructure at the state level.

Given time constraints, it was decided to hold an online vote via Survey Monkey on which of the three meanings of "leverage" would be adopted by the group. Members were asked to cast their vote prior to 9AM Wednesday 2/17 so that the results of the vote could be communicated to TWG at their weekly meeting.

Summary of Key Questions/Issues/Decision Points:

- The scope of work of the California ehealth initiative for HIE is not confined to connecting existing HIOs within the state, but also includes value-added services to support the sustainability of the HIE infrastructure. The technical architecture will incorporate as many of these additional services as possible, as soon as possible, according to a prioritized roadmap determined by the committee.
- Existing infrastructure is any infrastructure that exists for HIE within the state, including but not limited to community HIOs, private HIE infrastructure, vendor-based infrastructure, public HIE infrastructure, and health plan HIE infrastructure.
- What is the meaning of "leveraging" existing infrastructure to enable HIE across the state?

Next Steps:

- Staff will create an online survey and TAC members will be asked to vote on the meaning of "leverage." Members should submit their votes no later than 9AM PT on Wednesday 2/17.
- The decisions of TAC on the issues of scope, "existing infrastructure," and "leverage" will be communicated to TWG at their weekly meeting on Wednesday.
- Lucia Savage will craft language to more precisely describe the concept that was agreed upon by the group regarding the definition of "existing infrastructure" and the rationale behind such definition.
- The next TAC meeting is scheduled for Tuesday, 2/23 12-1:30PM. The agenda will include remaining items from this week's agenda (prioritizing services to be developed, and identifying business needs for prioritized services).

Members Present

| Name | Title and Organization |
|---|---|
| Zan Calhoun | CIO, Healthcare Partners |
| Stefanie Gluckman | Children's Partnership |
| Jeff Guterman | Medical Director, LA County Dept. of Health Services |
| Ron Jimenez | Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System |
| Scott Joslyn | CIO, Memorial Care |
| Rama Khalsa | Health Director, County of Santa Cruz |
| Sainam Khan | AltaMed |
| Laura Landry | Executive Director, Long Beach Network for Health |
| Ann Lindsay | Health Officer, Humboldt County |
| John Mattison | CMIO, Southern California Region Kaiser Permanente |
| Glen Moy | Sr. Program Officer, California Health Care Foundation |
| Kim Ortiz | Chief Deputy Director, Medi-Cal |
| Ray Otake | CIO, Community Health Center Network |
| Ray Parris | CIO, Golden Valley Health Center |
| Wayne Sass | CIO and Privacy Officer, Nautilus Healthcare Management Group |
| Lucia Savage | Assoc. General Counsel, United Health Care |
| Linette Scott | Deputy Director, Department of Public Health |
| Bill Spooner | CIO, Sharp Healthcare |
| Scott Whyte | Sr. Director for Physician and Ambulatory IT Strategy, Catholic Healthcare West |
| Tom Williams | Executive Director, Integrated Healthcare Association |

Staff Present

| Name |
|---|
| Walter Sujansky |
| Tim Andrews |
| Peter Hung |
| Joseph Ray |